

The Tragedy of Diabetic Blindness



*David W. Parke II, M.D.
 DMEI President and CEO*

“....diabetic eye disease is like diabetes itself—we cannot yet cure it, but we have an excellent chance of controlling it and preventing severe vision loss”

Much eye disease is unavoidable. For example, you may be able to reduce your risk of severe macular degeneration by not smoking, but you can't change the genes that predispose you to the disease (yet). Treatments for some diseases are inadequate and able to control vision loss in only a fraction of those affected.

For some diseases, blindness can be avoided and is a true tragedy when it occurs. It's preventable and terrible if a young man chooses not to wear safety glasses while hammering on metal and loses one eye to a metal shrapnel. What's even worse is when a young person loses functional vision in BOTH eyes that could have been prevented. That's the tragedy of diabetic blindness. And it's common.

Consider the following story. Several years ago I was asked to see a sophomore from a local university. This 20 year old had had diabetes since age 6. She came

from an upper middle class family in another state, had been under care for her diabetes, and had worked to control it. Despite this, she had never had a complete eye examination by an ophthalmologist. Suddenly, she experienced rapid loss of vision in both eyes. When I saw her, she had far advanced diabetic retinal disease. Now, seven operations later, she has partial vision in one eye and sees only shadows in the other. This need not have happened.

How common is diabetes and diabetic eye disease? Consider the following facts (which come either from the Centers for Disease Control, the American Diabetes Association, or



Retinal photograph of the normal nondiabetic eye

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various scientific papers):

- Diabetes is now considered a worldwide health crisis. The World Health Organization links this to the “global epidemic of obesity”.

- In the United States, some states report that over 20% of their population is diabetic. In some Native American tribes, nearly 50% of the population has diabetes. Some estimate that one-third of all American children born in 2006 will ultimately develop diabetes.

- This is not a U.S. problem or even a problem of developed nations. There are estimated to be over 200 million diabetics worldwide. This is projected to reach 300 million within the next quarter century. Most of the increase will be in developing nations.

- The total cost of treating diabetes and its complications in the U.S. is over \$130 billion each year—more than for all forms of cancer combined.

- Vision-threatening diabetic eye disease will develop in nearly all

children who develop diabetes and in about 40% of all who develop it as adults. Many more will have less severe eye disease.

The tragedy is that the vast majority of this vision loss is preventable.

Most diabetics lose vision from diabetic damage to the retina or *diabetic retinopathy*. (The retina is the tissue-paper thin, fragile lining of the back of the eye and does the actually ‘seeing’ in the eye—converting light into information transmitted to the brain.) The most severe form that causes the worst vision loss is *proliferative diabetic retinopathy*. This can lead to bleeding, scarring, and retinal detachment due to an abnormal growth of new blood vessels on the retina. Other diabetics will lose vision due to swelling of this retina (known as *macular edema*) from leaky diabetic blood vessels.

The tragedy is that the vast majority of this vision loss is preventable. What has been proven to delay the onset and reduce the severity of diabetic retinopathy? Good long-term control of blood sugar, control of blood pressure, control of cholesterol, and cessation of smoking. Equally critical, however, is frequent monitoring for eye disease and prompt treatment when necessary.

About one-third of my patients (and the patients of the other five DMEI retina specialists) are seen for diabetic retinopathy. I tell them that diabetic eye disease is like diabetes itself—we cannot yet cure it, but we have an excellent chance of controlling it and preventing severe vision loss. Controlling it depends on continued

Continued on page 3

effort by both the patient and by the ophthalmologist. The patient must do his or her best to control blood sugar, blood pressure, and cholesterol. He or she must see the ophthalmologist on a regular basis to monitor the progression of disease. The ophthalmologist must accurately detect and characterize the disease and institute treatment as soon as it is indicated. Together, the patient and his or her ophthalmologist are a team.

Will it work? Scientific evidence from NIH clinical trials indicates (as I tell my patients) that the risk of blindness from proliferative diabetic retinopathy is reduced by over 90% with proper treatment. The risk of further visual loss from macular edema can be reduced by over 50% by laser treatment alone. But we don't just use laser. The full set of weapons we use to combat diabetic vision loss include drugs injected into and around the eye, various lasers, and even complex surgical procedures.

Oklahoma bears a particularly significant disease burden with its high prevalence of citizens with Native American heritage, its higher than average rate of obesity (25% of Oklahomans are obese), and its higher than average number of people without adequate private healthcare coverage. At the Dean McGee Eye Institute we have over 40,000 patient visits each year from diabetics, performing thousands of laser and operating room surgeries. We do this not only at Dean McGee facilities but at locations in Enid, Norman, Ada, Talihina, Okemah, and Pawnee close to large concentrations of diabetic Oklahomans.

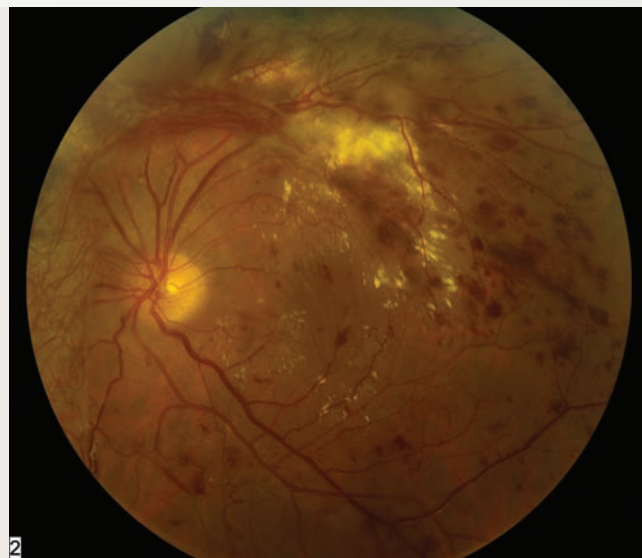
The Holy Grail of diabetes is prevention and cure. The University of Oklahoma has committed to the construction of a new comprehensive Diabetes Center. Under Director Timothy Lyons, M.D. they are assembling a team of talented scientific investigators. DMEI has five ongoing clinical research projects pertaining to diabetic eye disease and eight funded

basic science projects with budgets over \$1 million annually.

As you read this, remember there's a very high likelihood that you, your best friend, or a member of your family is diabetic. (And also remember that diabetes is like an iceberg—the part above the water


The Holy Grail of diabetes is prevention and cure.

represents those diagnosed. Many more Americans have undiagnosed diabetes, or a prediabetic condition sometimes called *impaired glucose tolerance*. One-third of those will develop diabetes.) Therefore, please



Retinal photograph showing severe diabetic retinopathy

do your part. Take care of your diabetes and see your ophthalmologist or remind your diabetic friends and loved ones to do the same. Or, if you're one of the rare and fortunate ones who are spared this deadly and blinding disease, support research into its cure.

It's a tragedy to watch a 20 year old go blind—particularly when it was totally unnecessary. 

DEAN MCGEE EYE INSTITUTE NEARS BUILDING CAMPAIGN GOAL OF \$35 MILLION

The Dean McGee Eye Institute campaign to raise \$35 million to build a new 70,000 square foot world-class research and clinical facility next to the existing facility is nearing its final stages with the addition of new gifts from prominent companies, foundations and individuals in Oklahoma and Texas.

The Institute has raised close to \$30 million towards its total goal. “The extraordinary giving of so many philanthropic individuals, corporations and foundations has put us within striking distance of the money needed to begin construction on our new facility,” said Dr. Parke. Recent donations have increased the total by nearly one million dollars.

The Kerr McGee Foundation donated \$300,000 to the project. “Kerr-McGee is proud to support the Dean McGee Eye Institute and its drive to be a world leader in research and care of the eyes through innovative science, clinical care and by attracting top people,” said Luke R. Corbett, Kerr-McGee chairman and chief executive officer. “The Institute is an example of Oklahoma at its best.”

The Kerr Foundation boosted the campaign effort with a grant of \$100,000. “Vision is so precious that being able to help someone, through research, to regain or preserve their vision is a dream and a hope of our foundation, its Trustees and that of my late husband, Robert S. Kerr, Jr. With an outstanding facility like the Dean McGee Eye Institute with its dedicated research scientists, Oklahoma is uniquely positioned to become one of the world's leading eye research facilities. We are fortunate to have such wonderful leadership at the Dean McGee Eye Institute,” Lou Kerr, Kerr Foundation President and Chairman.

Texas businessman and philanthropist Boone Pickens committed \$100,000 to the project. “Eye research and



Boone Pickens

treatment is a key part of my philanthropy,” said Boone Pickens. “I have aligned myself with a number of great institutions and organizations that are involved in that effort. I am impressed with the vision and dedication of those involved with all phases of the Dean McGee Eye

Institute. I am betting on them, and I believe it has the ability to grow into a truly great regional and national institution.”

Norman-based *Sarkeys Foundation* donated \$150,000 to the expanded capital plan. “Among the ways in which Sarkeys Foundation fulfills its mission of improving the quality of life in Oklahoma is through the funding of outstanding education providers and first class scientific and medical research programs. This grant to the Dean McGee Eye Institute happily accomplished both,” said Cheri D. Cartwright, *Sarkeys Foundation* executive director.


Loris and Pauline Keen Charitable Trust, based in Blackwell, Oklahoma, earmarked their donation to help the children of Oklahoma. “The Trustees of the *Loris and Pauline Keen Charitable Trust* find it quite humbling to commit \$125,000 over the next five years for the benefit of children in need of eye care. The Trustees have experienced the leadership of Dr. Parke and the direction of Dr. Siatkowski in the field of pediatric ophthalmology to be in total concert with the mission and desires of the late Mr. and Mrs. Keen. We are absolutely confident that these funds will assist the wonderful staff at DMEI in the discovery and application of the treatment of child eye maladies,” commented *Loris and Pauline Keen Charitable Trust* trustees Walter Shafer and Dan McClung.

Tulsa businessman and long-time Dean McGee Eye Institute supporter Charles Stephenson increased his

Continued on page 5

previous donation to the project by \$250,000 for a total gift of \$500,000. "When disease threatened my eyesight, I wanted to go to the best place for the finest treatment. I could have gone anywhere in the nation, but I found the solution to my medical needs close to home at the Dean McGee Eye Institute," noted Charles Stephenson, Tulsa businessman. "The

ophthalmologists and technicians provide world-class care and on several occasions have successfully repaired and restored my eyesight."

The Institute plans to break ground on the facility later this fall, expecting construction to require two years. 

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This past year, more than 290 donors contributed to the Dean A. McGee Eye Institute Foundation during calendar year 2005. This generosity helped support specific programs and projects or (via unrestricted gifts) supported the changing needs of the Eye Institute. DMEI is indebted to all of you who have helped enhance our ability to provide excellence in patient care, education and research.



*Penny Mills Voss, CFRE
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Richard A. Clay, M.D. is honored by DMEI

For more information, please call
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The Dean A. McGee Eye Institute would like to recognize and honor the hundreds of generous donors who contributed more than \$188,000 to the Foundation between January 1, 2005 through December 31, 2005. (**Capital Campaign Donors Excluded – see pages 5 through 8**). We hope that you will take a few minutes to look at the names of the people and organizations whose gifts have improved the quality of life for so many in this state and surrounding region and whose support of vision research has advanced eye care for all.

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DEAN MCGEE EYE INSTITUTE HELPS HIGH SCHOOL STUDENTS IMPROVE LEARNING WITH BETTER VISION

Harding Charter Preparatory High School Students in Critical Need of Eye Glasses

Dean McGee Eye Institute and the Harding Charter Preparatory High School joined together to help improve students vision. In March ophthalmologists from the Institute examined the eyes of more than 200 students. Nearly a fourth of the students had some concern with their vision and 17 needed intervention with special eye glasses or medical care.




“Some of these students have a severe refractive problem requiring corrective lenses and the vision

problems have no doubt impacted their studies,” said Dr. Michael Siatkowski, DMEI pediatric ophthalmologist. “These students are on track to pursue their education into college and beyond, that will require a great deal of reading and computer work that can severely strain their eyes. It is critical to get these students properly fitted with eye glasses to put them on an optimal learning track.”

“The ophthalmologists and technicians at DMEI reached over 200 young people in one day by providing them with free eye screenings, and provided additional services for about 30 students that needed further evaluation,” noted Richard Caram, principal at Harding Charter Prep. “This has meant a great deal to our young people, many of whom have not had the opportunity to have an eye exam



let alone a new pair of glasses. The quality of learning has greatly improved for our students because of the help of the personnel from the Dean McGee Institute who made each student feel important and of value.”

DMEI staff provided the examinations and eye glass fitting as part of their community outreach mission. Institute vendors recognized the student’s needs and also donated eyewear. Illinois-based Europa Eyewear provided frames and Accutech Laboratories out of Oklahoma City provided lenses to the students at no cost. 



Residents and faculty 2006. Graduating residents: Ensa Pillow, Tammy Yanovitch, and Elizabeth Waller. Graduating fellows: Silvia McKeivitt, Jeffrey Boomer, and Billi Wallace.

30TH ANNUAL RESIDENTS AND ALUMNI MEETING



Left to right, James Rogers, M.D., David Zuech, M.D., and Jeff Grisham, M.D.



Luther Fry, M.D. of Kansas delivers the Coston Lecture



Left to right: Lucas Trigler, M.D., Ensa Pillow, M.D., and Gemini Bogie, M.D.



Left to right: Donald Stone, M.D., and William Clifford, M.D.

2006 WALTER J. STARK MEMORIAL LECTURESHIP

MONDAY, OCTOBER 9, 2006

8:30 - 9:30 A.M.

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GUEST SPEAKER:

RICHARD MILLS, M.D.

PAST PRESIDENT, AMERICAN ACADEMY OF
OPHTHALMOLOGY
EDITOR, EYENET MAGAZINE

NEW OPHTHALMOLOGISTS IN GLAUCOMA, LAWTON

DMEI and the Department of Ophthalmology at OU are excited to announce the appointment of **Steven R. Sarkisian, Jr., M.D.** as a member of the faculty in glaucoma. He joins DMEI from the faculty of the University of Tennessee Health Science Center in Memphis.



Steven R. Sarkisian, Jr., M.D.

A native of Pennsylvania, Dr. Sarkisian graduated with Honors from Wheaton College and did graduate work at Westminster Theological Seminary. He then received his M.D. degree from Jefferson Medical College in Philadelphia, residency at State University of New York, and fellowship in glaucoma at U. Tennessee, where he was then asked to stay on the faculty.

Certified by the American Board of Ophthalmology, Dr. Sarkisian has been active in the development of new glaucoma technology, serving as Investigator on three clinical trials and presenting and publishing his work. He has also retained an interest in biomedical ethics, having served on the Professional Code of Conduct Committee at Jefferson, the Ethics Committee of Chestnut Hill Hospital, and the UT Faculty Senate.

Dr. Sarkisian will focus his practice exclusively to glaucoma and related problems. He will maintain a strong involvement in resident and fellow education and in clinical research.

When asked about his plans at DMEI, Dr. Sarkisian commented, "My passion is to serve my patients and the glaucoma community by being an innovator in the surgical management of glaucoma and by answering some of the questions in this pioneering field which have eluded us thus far. Finally, I am committed to being a guardian of our profession by training the next generation of eye surgeons to practice the highest quality ethical medicine. What excited me about DMEI is the history of excellence in patient care and clinical

research as demonstrated by the outstanding faculty. I am especially enthusiastic about working with Dr. Greg Skuta and joining him on the Glaucoma Service. With me will come several promising, new clinical trials in the planning stages which I plan to bring to fruition in my new position in Oklahoma. I want our patients to always have access to state-of-the-art care."

John P. Fang, M.D. joins Ann Warn, M.D. in September at DMEI's Lawton office. After growing up in Edmond, Oklahoma, Dr. Fang graduated from college at Johns Hopkins University and medical school at Vanderbilt University. After an ophthalmology residency at the Mayo Clinic, he completed a fellowship in anterior segment surgery at Baylor College of Medicine.



John P. Fang, M.D.

A recipient of multiple honors and fellowships in college and medical school, Dr. Fang has presented and published papers in the area of cataract, corneal, and refractive surgery. Dr. Fang will practice comprehensive medical and surgical ophthalmology at the Lawton office. The Lawton office recently moved to much bigger quarters in the Comanche County Hospital professional building.

Dr. Fang noted, "I grew up in Edmond and my family still lives in the area so returning to Oklahoma feels like coming home after being away for so long with my training. I am looking forward to joining the Dean McGee Eye Institute and contributing to its tradition of excellence. I love the practice of ophthalmology. To me, helping a patient to see again after removing a dense cataract or corneal scar, or to become free of glasses after laser refractive surgery is extremely rewarding."



LAWTON OPENING



Ann Warn, M.D., MBA, directs a brand new clinic in Lawton offering comprehensive medical and surgical eye care.

BEHIND THE SCENES—OPHTHALMIC TECHNICIANS

by Shannon Harper, COT


We thought this time you may want to get to know **US**. If you are one of our patients, then you are familiar with the doctors, the billing specialists, the patient appointment representatives – and then there's **US**. I'm talking about the person who actually sets you in that exam chair. Sometimes we are called the nurse, the person who calls you from the waiting room and who asks all the questions. We are not nurses, we are nationally certified ophthalmic assistants or technicians.

I am frequently asked, "How do you become one of **US**?" The avenues are very diverse. Take me for instance; already working at a walk-in minor emergency clinic, I was drafted by the local ophthalmologists in Kentucky. (Many future ophthalmic technicians have had a family member with an eye disease, which sparked an interest they pursued.) What kind of training comes next?

The Dean McGee Eye Institute prides itself on conducting extensive training programs, encouraging our continuing education, and rewarding us for higher levels of national certification. We definitely do not

stop learning. Several of our more senior technicians helped develop our program, and they not only teach the theoretical piece, but periodically evaluate everyone's technical skills in a practical setting. Our job consists of taking patient histories, providing patient services, checking visual acuity, administering diagnostic tests, maintaining ophthalmic instruments, and a variety of other clinical skills – all under the supervision of the ophthalmologist.

Our need for about 50 ophthalmic technicians in various subspecialty areas allows assistants a broader spectrum of training and exposure, too. We therefore gain experience and knowledge not just in general ophthalmology but in selected subspecialties. At Dean McGee, we assistants are expected to understand why we perform a task, not just how to do it. We must comprehend and achieve an optimal outcome, not just any outcome. These outcomes are then re-evaluated yearly to make sure the technical staff maintain the level of excellence expected of all of **US**.

So, now you know the basic **US**. Stay tuned. 

DMEI Signs Historic Pact in China

Four years ago, DMEI was approached by Heart to Heart International, a leading global humanitarian organization that specializes in increasing the level of medical care in underserved areas of the world. They already had a significant presence in pediatric programs in southwest China and had been approached by the Chinese government to assist with a huge public health problem of blindness.

Brad Farris, M.D., DMEI and OU neuro-ophthalmologist, volunteered to go to China and investigate the challenges and the potential for DMEI to help. His visit, consultations with Heart to Heart, and information provided by the Chinese Ministry of Health and the Provincial Hospital, convinced DMEI leadership, physicians, and Board of Trustees that a blindness crisis truly existed and that DMEI could help.

“From a healthcare perspective, China is typical of many nations at this stage of development,” commented Dr. Parke. “It has excellent facilities in some of the larger cities involved in international commerce such as Hong Kong, Beijing, and Shanghai. Go, beyond that, however, and the quality of care drops off rapidly.”

Between 2002 and 2006 Farris led teams of DMEI ophthalmologists, researchers, and residents to Chengdu, capital of Sichuan province in southwestern China. Although a city of nearly 10 million people serving a province of 70 million, there was very little modern ophthalmic surgery and an educational system which did not encourage acquisition of modern techniques. 600,000 were visually impaired because of cataracts, with 14,000 newly blind from cataracts annually.

“Our goal was and is to ‘teach the teachers,’” said Dr. Farris. “For us to go over and simply do surgery accomplishes a little; to teach students has more effect; but to help the teachers develop a modern educational system will have the greatest longterm impact.”

The biggest blindness problem in rural China is cataracts. Through the generosity of the Hong Kong Society for the Blind, a mobile operating room enabled DMEI to go to the countryside to bring hope to people in the foothills of Tibet. When DMEI started its project, Chinese ophthalmologists used few modern techniques,



Gary Morsch, M.D., President of Heart to Heart International, Dr. Parke, and Cai Li, Director of the Sichuan Provincial People's Hospital, sign historic agreement in Chengdu.

and almost no surgery was done without charge. By 2005, over 20% of the cataract surgery involved modern techniques, and thousands of procedures were being done without charge.

As a result of this success, in the fall of 2005 officials of the Chinese Ministry of Health, the Sichuan Provincial Hospital, and Heart to Heart International came to Oklahoma City requesting more DMEI assistance. After months of program planning, Drs. Farris and Parke preceded a full DMEI team to Chengdu in May 2006. After several days of final negotiations in Chengdu, a document was signed by all parties establishing a joint Chinese-DMEI eye care center. The purpose of this center will be to establish a clinical and research center to serve the 150 million people in Sichuan and surrounding provinces and to bring American-based educational systems to the region. The event received substantial media coverage in China, and DMEI's Drs. Parke, Farris, Anderson, and Cao were named Honorary Professors of the Sichuan Medical Science Academy.

“This is a real commitment,” noted Dr. Parke. “We will be sending teams to China, and Chinese physicians and researchers will come here. We will work together in a formal structure to rebuild their physician training programs in ophthalmology.”

“Why are we doing this?” posed Dr. Farris. “We're doing it because it's the right thing. It can truly help many thousands if not millions of people. And it's not one way. We will learn from the Chinese as they learn from us.”



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